

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | S.2 | | 08-20-01 |
| O.I.P.E. CLASSIFIER | | | 8-24-01 |
| FORMALITY REVIEW | AB | 53.5 | 09-28-01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
|----------------|------|
| Final Original | |
| 1 | ✓ |
| 2 | ✓ |
| 3 | ✓ |
| 4 | ✓ |
| 5 | ✓ |
| 6 | ✓ |
| 7 | ✓ |
| 8 | 0 |
| 9 | 0 |
| 10 | ✓ |
| 11 | ✓ |
| 12 | ✓ |
| 13 | ✓ |
| 14 | ✓ |
| 15 | ✓ |
| 16 | 0 |
| 17 | ✓ |
| 18 | ✓ |
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| Claim | Date |
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| Final Original | |
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| Claim | Date |
|----------------|------|
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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12/1